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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)	Application Number <b>09/441,140</b>	Filing Date <b>16 November, 1999</b>	<input type="checkbox"/> To be Mailed
	Applicant(s) <b>SOLOMON, BEKA</b>		Page 1 of 3

* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 09/23/2009		AFTER SEC. AMENDMENT		* 09/23/09			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1								51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
Total Indep			0					Total Indep	0				
Total Depend				0				Total Depend		0			
Total Claims			0					Total Claims	0				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101							151					
102							152					
103							153					
104							154					
105							155					
106							156					
107							157					
108							158					
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110							160					
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140							190					
141							191					
142							192					
143							193					
144							194					
145							195					
146							196					
147							197					
148							198					
149							199					
150							200					
Total Indep			0				Total Indep	0				
Total Depend				0			Total Depend		0			
Total Claims			0				Total Claims	0				

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Part of Paper No. 20091007-1

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	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
201			0				251					
202			0				252					
203			0				253					
204			0				254					
205			0				255					
206			0				256					
207			0				257					
208			0				258					
209			0				259					
210			1				260					
211				1			261					
212			1				262					
213				1			263					
214			1				264					
215			1				265					
216				1			266					
217				1			267					
218			1				268					
219			1				269					
220			1				270					
221				2			271					
222			1				272					
223				1			273					
224			1				274					
225			1				275					
226				1			276					
227				2			277					
228			1				278					
229							279					
230							280					
231							281					
232							282					
233							283					
234							284					
235							285					
236							286					
237							287					
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239							289					
240							290					
241							291					
242							292					
243							293					
244							294					
245							295					
246							296					
247							297					
248							298					
249							299					
250							300					
Total Indep			11				Total Indep					
Total Depend				10			Total Depend					
Total Claims			21				Total Claims					

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